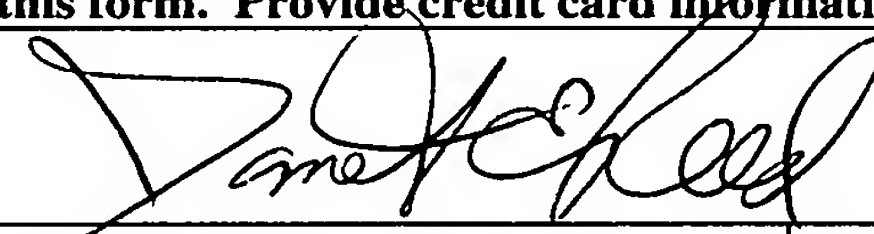


PTO/SB/22  
OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 48378-0003-00-US 229108	
In re application of: Te-Yen Chien			
Application No. 10/621,711		Filed July 17, 2003	
For: Transdermal Hormone Delivery System: Compositions And Methods			
Art Unit: 1615		Examiner: Ghali, Isis A. D.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate small-entity fee are as follows (check time period desired):			
		Large Entity	Small Entity
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60
	Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225
	Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
	Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
	Five months (37 CFR 1.17(a)(5))	\$2160.00	\$1080
	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of \$455.00 is enclosed ( <i>amount includes extension fee: \$60 and RCE fee: \$395</i> ).		
	Payment by credit card. Form PTO-2038 is attached.		
	The Director has already been authorized to charge fees in this application to a Deposit Account.		
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0573. A copy of this sheet is enclosed.		
I am the			
	Applicant/inventor		
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/>	attorney or agent of record.	
		Attorney or agent of record under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):	
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
Signature			
Typed Name		Janet E. Reed, Ph.D.	Registration No. 36,252
Date		May 11, 2007	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of one (1) forms are submitted.		



*Patent fees are subject to annual revision.*

☒ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$455.00)</b>
--------------------------------	-------------------

**METHOD OF PAYMENT** *(check all that apply)*☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other    ☐ None☐ **Deposit Account:**

Deposit Account Number 50-0573

**Deposit Account Name Drinker Biddle & Reath LLP**

**The Director is authorized to: (check all that apply)**

☐ Charge fee(s) indicated below      ☒ Credit any overpayments

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### EXTRA CLAIMS FEES FOR UTILITY AND REISSUE

**Total Claims**    13    -174\*\*    =    0    X    \*    =    \$0

**Independent Claims**      1      - 10\*\*      =      0      X      100      =      \$0

**Multiple Independent**                      + 360/180 = \$0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

**\*\*or number previously paid, if greater; For Reissue, see above**

**SUBMITTED BY CUSTOMER NO. 23973**

**Complete if known**

<b>Application Number</b>	<b>10/621,711</b>
---------------------------	-------------------

<b>Filing Date</b>	<b>July 17, 2003</b>
--------------------	----------------------

<b>First Named Inventor</b>	<b>Te-Yen Chien</b>
-----------------------------	---------------------

Examiner Name	Ghali, Isis A. D.
---------------	-------------------

Art Unit	1615
----------	------

Attorney Docket No.	48378-0003-00-US 229108
---------------------	-------------------------

**FEE CALCULATION (continued)**

## ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	60.00
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive – unavoidable	
1453	1,500	2453	750	Petition to revive – unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1503	1,100	2503	550	Plant issue fee	
1462	400	1462	400	Petition to the Commissioner – Group I	
1463	200	1463	200	Petition to the Commissioner – Group II	
1464	130	1464	130	Petition to the Commissioner – Group III	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	395.00
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) EXTRA CLAIM FEES					

Other fee (specify) **EXTRA CLAIM FEES**

**Complete (if applicable)**

Name (Print/Type)	Janet E. Reed
-------------------	---------------

**Registration No.**  
**(Attorney/Agent)**

36,252

Telephone

**(215) 988.2700**

**Signature**

Date \_\_\_\_\_

May 11, 2007